

LOAN APPLICATION INSTRUCTIONS

We are currently unable to accept applications from outside the state of OHIO.

Ohio residents please complete both pages of the following application, be sure to sign & date.

Return with verification of income, i.e. (**2 of your most recent** paystubs if working, **most recent** bank statement showing Pension & Social Security deposits if retired).

In the REFERENCE SECTION of the application: You may not use a family member (wife, parents, ect) that live at your same address. Please fill out the full Name, address and phone number of the reference used.

Return by:

Fax: 330-724-7212

E-mail: ugoodyearcredit@neo.rr.com

Or in person.

A \$25 loan application fee applies and must be received prior to application being processed.

Please feel free to call us with any questions on how to complete the application at: 330-724-9391.

LOAN APPLICATION

NOTICE: The information below and on the reverse will be used to evaluate your credit request. If this will be a joint account the co-applicant must sign where indicated. Married persons may apply for an individual account. This account will be

INDIVIDUAL ACCOUNT JOINT ACCOUNT WITH SPOUSE JOINT ACCOUNT WITH OTHER THAN SPOUSE

Check the appropriate boxes to indicate the type of account(s) and type of credit for which you are applying.

- Regular Loan Applicant**
- Credit Card Account**
- Individual Credit:** Complete applicant section, complete other section as follows: (1) Information about your spouse if your spouse will use the account. (2) Information about the party making the payments if you are relying on alimony, spousal support, child support or separate/spousal maintenance as a basis for repayment.
- Joint Credit:** Provide information about both of you by completing applicant and Other Applicant sections.

LOAN AMOUNT REQUESTED \$	TO BE REPAYED IN MONTHS	REPAYMENT METHOD <input type="checkbox"/> PAYROLL <input type="checkbox"/> CASH <input type="checkbox"/> AUTOMATIC PAYMENT	PURPOSE OF LOAN	COLLATERAL OFFERED
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APPLICANT

APPLICANT NAME		ACCOUNT NUMBER
STREET	COUNTY	HOW LONG
CITY	STATE	ZIP
		<input type="checkbox"/> OWN <input type="checkbox"/> RENT
PREVIOUS ADDRESS(ES) LAST FIVE YEARS - STREET		HOW LONG
CITY	STATE	ZIP
		<input type="checkbox"/> OWN <input type="checkbox"/> RENT
EMPLOYEE NUMBER	HOME PHONE () ()	BUSINESS PHONE () ()
DATE OF BIRTH	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER
NUMBER OF DEPENDENTS - EXCLUDE SELF AND ANY LISTED BY CO-APPLICANT AGES		
ANSWER IF YOU LIVE IN A COMMUNITY STATE. THIS WILL BE JOINT ACCOUNT OR SECURED CREDIT <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (SINGLE, DIVORCED, WIDOWED)		

SPOUSE **CO-APPLICANT**

APPLICANT NAME		ACCOUNT NUMBER
STREET	COUNTY	HOW LONG
CITY	STATE	ZIP
		<input type="checkbox"/> OWN <input type="checkbox"/> RENT
PREVIOUS ADDRESS(ES) LAST FIVE YEARS - STREET		HOW LONG
CITY	STATE	ZIP
		<input type="checkbox"/> OWN <input type="checkbox"/> RENT
EMPLOYEE NUMBER	HOME PHONE () ()	BUSINESS PHONE () ()
DATE OF BIRTH	SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER
NUMBER OF DEPENDENTS - EXCLUDE SELF AND ANY LISTED BY CO-APPLICANT AGES		
ANSWER IF YOU LIVE IN A COMMUNITY STATE. THIS WILL BE JOINT ACCOUNT OR SECURED CREDIT <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (SINGLE, DIVORCED, WIDOWED)		

EMPLOYMENT/INCOME: PLEASE ATTACH VERIFICATION OF INCOME

PRESENT EMPLOYER	CURRENTLY WORKING? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYER ADDRESS - STREET	
CITY	STATE ZIP
JOB TITLE	SUPERVISOR SUPERVISOR PHONE
DATE EMPLOYED	TYPE OF BUSINESS SELF EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYMENT INCOME <input type="checkbox"/> Net \$ PER <input type="checkbox"/> Gross	OTHER INCOME <input type="checkbox"/> Net \$ PER <input type="checkbox"/> Gross
SOURCE OF OTHER INCOME*	
PREVIOUS EMPLOYER(S) NAME/ADDRESS IF AT CURRENT POSITION LESS THAN FIVE YEARS: STREET	STARTING DATE ENDING DATE
CITY	STATE ZIP
*YOU NEED NOT REVEAL INCOME FROM ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE UNLESS YOU WANT IT CONSIDERED IN EVALUATING THIS CREDIT APPLICATION.	

EMPLOYMENT/INCOME: PLEASE ATTACH VERIFICATION OF INCOME

PRESENT EMPLOYER	CURRENTLY WORKING? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYER ADDRESS - STREET	
CITY	STATE ZIP
JOB TITLE	SUPERVISOR SUPERVISOR PHONE
DATE EMPLOYED	TYPE OF BUSINESS SELF EMPLOYED? <input type="checkbox"/> Yes <input type="checkbox"/> No
EMPLOYMENT INCOME <input type="checkbox"/> Net \$ PER <input type="checkbox"/> Gross	OTHER INCOME <input type="checkbox"/> Net \$ PER <input type="checkbox"/> Gross
SOURCE OF OTHER INCOME*	
PREVIOUS EMPLOYER(S) NAME/ADDRESS IF AT CURRENT POSITION LESS THAN FIVE YEARS: STREET	STARTING DATE ENDING DATE
CITY	STATE ZIP
*YOU NEED NOT REVEAL INCOME FROM ALIMONY, CHILD SUPPORT, OR SEPARATE MAINTENANCE UNLESS YOU WANT IT CONSIDERED IN EVALUATING THIS CREDIT APPLICATION.	

REFERENCES

NAME AND ADDRESS NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP
STREET	HOME PHONE
CITY	STATE ZIP WORK PHONE
NAME AND ADDRESS PERSONAL FRIEND - NOT RELATIVE	HOME PHONE
STREET	WORK PHONE
CITY	STATE ZIP

REFERENCES

NAME AND ADDRESS NEAREST RELATIVE NOT LIVING WITH YOU	RELATIONSHIP
STREET	HOME PHONE
CITY	STATE ZIP WORK PHONE
NAME AND ADDRESS PERSONAL FRIEND - NOT RELATIVE	HOME PHONE
STREET	WORK PHONE
CITY	STATE ZIP

APPLICANT ASSETS - CURRENT DEPOSITS AT OTHER INSTITUTIONS

ACCOUNT NUMBER	<input type="checkbox"/> CHECKING <input type="checkbox"/> OR SAVINGS	NAME AND ADDRESS OF INSTITUTION	AVERAGE BAL.	
ACCOUNT NUMBER	<input type="checkbox"/> CHECKING <input type="checkbox"/> OR SAVINGS	NAME AND ADDRESS OF INSTITUTION	AVERAGE BAL.	
ACCOUNT NUMBER	<input type="checkbox"/> CHECKING <input type="checkbox"/> OR SAVINGS	NAME AND ADDRESS OF INSTITUTION	AVERAGE BAL.	
AUTO-YEAR	MAKE	MODEL	VALUE	COLLATERAL FINANCED
ASSETS			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION (STOCKS, BONDS, ETC.)			VALUE	COLLATERAL FINANCED
ASSETS			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION - OTHER ASSETS			VALUE	COLLATERAL FINANCED
			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO

CO-APPLICANT ASSETS - CURRENT DEPOSITS AT OTHER INSTITUTIONS

ACCOUNT NUMBER	<input type="checkbox"/> CHECKING <input type="checkbox"/> OR SAVINGS	NAME AND ADDRESS OF INSTITUTION	AVERAGE BAL.	
ACCOUNT NUMBER	<input type="checkbox"/> CHECKING <input type="checkbox"/> OR SAVINGS	NAME AND ADDRESS OF INSTITUTION	AVERAGE BAL.	
ACCOUNT NUMBER	<input type="checkbox"/> CHECKING <input type="checkbox"/> OR SAVINGS	NAME AND ADDRESS OF INSTITUTION	AVERAGE BAL.	
AUTO-YEAR	MAKE	MODEL	VALUE	COLLATERAL FINANCED
ASSETS			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION (STOCKS, BONDS, ETC.)			VALUE	COLLATERAL FINANCED
ASSETS			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
DESCRIPTION - OTHER ASSETS			VALUE	COLLATERAL FINANCED
			\$	<input type="checkbox"/> YES <input type="checkbox"/> NO

OUTSTANDING DEBTS AND OBLIGATIONS - LIST EVERYTHING OWED, USE SEPARATE SHEET IF NEEDED

CHECK ONE OR MORE	NAME AND ADDRESS OF CREDITOR	ACCT. NO	RATE	TERM (MONTHS)	PAST DUE	ORIGINAL AMOUNT	BALANCE	MONTHLY PAYMENT	
	HOUSE PAYMENT OR RENT								
	AUTO LOAN								
	AUTO LOAN								
	CHILD SUPPORT								
	DEPARTMENT STORES								
	CHILD CARE								
	CREDIT CARDS								
	LOAN PAYMENTS								
ATTACH SEPARATE SHEET IF NECESSARY						TOTALS	\$	\$	\$

IN ANY YES ANSWERS TO QUESTIONS, EXPLAIN ON SEPARATE SHEET.

Have you ever filed a petition for bankruptcy (Personal <input type="checkbox"/> Business <input type="checkbox"/>)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU A UNITED STATES CITIZEN?
Have you ever filed a petition for chapter 13 Bankruptcy?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are any suits pending, judgements filed, alimony or support awards against you?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	APPLICANT <input type="checkbox"/> YES <input type="checkbox"/> NO
Do you have any outstanding judgements?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	CO-APPLICANT <input type="checkbox"/> YES <input type="checkbox"/> NO
Is any income you have shown likely to reduce in the next two year?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	-IF NO LIST STATUS
Are you a co-maker or co-signer on any loan, if so whom?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	

NAME OF OTHERS OBLIGATED ON LOAN AND NAME OF CREDITOR

You agree that everything stated in this application is correct to the best of your knowledge. The Credit Union is authorized to investigate your creditworthiness, employment history and obtain a credit report and to answer questions about their credit experience with you. You understand that any false or misleading statements in your application may cause any loan or extension of credit to be in default. The Ohio laws against discrimination require that all credit equally available to all creditworthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio Civil Rights Commission administers compliance with this law.

APPLICANT SIGNATURE <input checked="" type="checkbox"/>	DATE	CO-APPLICANT SIGNATURE <input checked="" type="checkbox"/>	DATE
Rate _____ % term _____ mos.	DATE	SECURED \$	UNSECURED \$
LOAN OFFICER	LINE OF CREDIT \$	OVERDRAFT PROTECTION \$	EMPLOYMENT VERIFIED
<input type="checkbox"/> APPROVED AS SUBMITTED			
<input type="checkbox"/> ADVANCE REFERRED TO LOAN SUPERVISOR; REASON _____			
<input type="checkbox"/> ADVANCE REJECTED (WHERE PERMISSIBLE) COUNTER OFFER WILL BE MADE IF ACCEPTED LOAN APPROVED.			
LOAN SUPERVISOR	DATE	DESCRIBE COUNTER OFFER	
<input type="checkbox"/> APPROVED AS SUBMITTED			
<input type="checkbox"/> REJECTED AS SUBMITTED			
OFFER, IF ACCEPTED ADVANCE APPROVED	BOOK VALUE - RETAIL \$	LOANS	TRADE <input type="checkbox"/> COUNTER
REASON(S) FOR REJECTION	BOOK NOTICE AND REASON FOR REJECTION SENT OR DELIVERED BY _____ DATE		
LOAN OFFICER SIGNATURE/DATE	LOAN SUPERVISOR SIGNATURE/DATE		